



Contributing to a better quality of life

**Certification of Resident/Nonresident Status by
Contractors and Subcontractors Working in the State**

La. RS 47:9

Mail or fax completed application to:

Louisiana Department of Revenue
Taxpayer Services Division
P.O. Box 4998
Baton Rouge, LA 70821-4998
Phone: (225) 219-7356 • Fax: (225) 219-2065

☐ New☐ Renewal**PLEASE PRINT OR TYPE.**

Legal Name	Trade Name (if any)		
Mailing Address	City	State	ZIP
Daytime Telephone	Email		

If you are currently registered with the Louisiana Department of Revenue for the following taxes, please list your 10-digit account numbers.

Sales Tax	Withholding Tax	Corporation Income/Franchise Tax
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Type of Organization

<input type="checkbox"/> Partnership	
<input type="checkbox"/> Corporation	Date of incorporation (mm/dd/yyyy) _____
<input type="checkbox"/> Individual	Social Security Number _____
<input type="checkbox"/> Other	Please specify. _____

1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been actively engaged at any time since July 6, 1984, in performing work on contracts in Louisiana?				
		<input type="checkbox"/> If you acknowledge that you are a nonresident contractor or subcontractor who is subject to the contract registration and bonding requirements of R.S. 47:9 et al., please mark this box. If you marked the box acknowledging you are a non-resident contractor or subcontractor subject to the requirements of La. R.S. 47:9 et al., skip to the authorization box to sign and date the questionnaire. If you claim not to be subject to the contract registration and bonding requirements of La. R.S. 47:9, you must answer questions 1-6.				
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have the owners of this business been permanent residents of Louisiana for at least one year prior to bidding on work in Louisiana?				
		If "yes", please list the Louisiana location address of each owner that has been his permanent residence for the past year. If any owners have had more than one permanent address in the past year, please list all of them, including the dates of change. Do not list post office boxes. List names, addresses, and social security numbers for all members of LLCs, Partnerships, or LTDs.				
	Owner Name	Address	City	State	ZIP	SSN*

* Social Security Number

Questionnaire continued on reverse side.

3	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently operate any permanent business facilities in Louisiana?				
		If "yes", please indicate the total number of your permanent business facilities in Louisiana. ➤				
4	Please list the location addresses of your current facilities, and the date that each facility opened. <i>(Attach additional sheets, if required.)</i>					
	Address	City	State	ZIP	Date Open	
5	If none of your current Louisiana facilities has been open for at least one year immediately prior to the date on which you submitted a bid on a contract in Louisiana, please indicate the location address and the opening and closing date of any other permanent facility that you have operated in the state. <i>(Attach additional sheets, if required.)</i>					
	Address	City	State	ZIP	Date Open	Date Closed
6	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you hold a license in your name for the current year from the Louisiana State Licensing Board for Contractors?				
		If "yes", please list license number. ➤				

Under the penalties of perjury, I declare that I have examined this report, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete.	
Name <i>(please print)</i>	Title
Signature X	Date